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APPLICANTS Dennis J. Gallant, Harrison, OH;				
** CONTINUING DATA ***** This application is a CIP of 09/298,257 04/22/1999 PAT 6,405,491 and claims benefit of 60/293,949 05/25/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/28/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <input type="checkbox"/> Examiner's Signature <i>J. Chapman</i> <input type="checkbox"/> Initials		STATE OR COUNTRY OH	SHEETS DRAWING 11	TOTAL CLAIMS 35
			INDEPENDENT CLAIMS 3	
ADDRESS 23643				
TITLE Modular patient room				
FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	